



Please type a plus sign (+) inside box → ☐

PTO/SB/122 (10-00)

App. for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/677,087
Filing Date	September 29, 2000
First Named Inventor	Jaideep Jain
Group Art Unit	2821
Examiner Name	not yet known
Attorney Docket Number	10001.000700 (NVLS 327)

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrick D. Benedicto DeGuzman Okamoto & Benedicto, LLP				
Address	P.O. Box 51900				
Address					
City	Palo Alto	State	CA	ZIP	94303
Country	US				
Telephone	(650) 691-2030	Fax	(650) 691-2032		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant.
- ☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.
- ☒ Attorney or agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Patrick D. Benedicto, Reg. No. 40,909

Signature *Patrick Benedicto*

Date November 1, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 form is submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
JAN 18 2002
TC 2800 MAIL ROOM

RECEIVED

JAN 23 2002

Technology Center 2100

2821



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/677,087	
	Filing Date	September 29, 2000	
	First Named Inventor	Jaideep Jain	
	Group Art Unit	2821	
	Examiner Name	not yet known	
Total Number of Pages in This Submission	2	Attorney Docket Number	10001.000700 (NVLS 327)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CHANGE OF CORRESPONDENCE ADDRESS Application; Return receipt postpaid
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">Remarks</div> <div style="text-align: right;"> RECEIVED JAN 18 2002 TC2860 MAIL ROOM </div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patrick D. Benedicto, Reg. No. 40,909 DEGUZMAN OKAMOTO & BENEDICTO, LLP
Signature	<i>Patrick Benedicto</i>
Date	November 1, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 11/01/01			
Typed or printed name	Patrick D. Benedicto		
Signature	<i>Patrick Benedicto</i>	Date	Nov. 1, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.